

Texas Prior Authorization Program Clinical Criteria

Drug/Drug Class

Nuplazid (pimavanserin)

This criteria was recommended for review by the Texas Medicaid Vendor Drug Program to ensure appropriate and safe utilization. Additional MCO recommendations have been incorporated.

Clinical Information Included in this Document

Nuplazid Tablets

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section

Revision Notes

Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each 'Drug Requiring PA' table



Nuplazid (pimavanserin)

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
NUPLAZID 10 MG TABLET	44959
NUPLAZID 17 MG TABLET	41264
NUPLAZID 34 MG CAPSULE	44963



Nuplazid (pimavanserin)

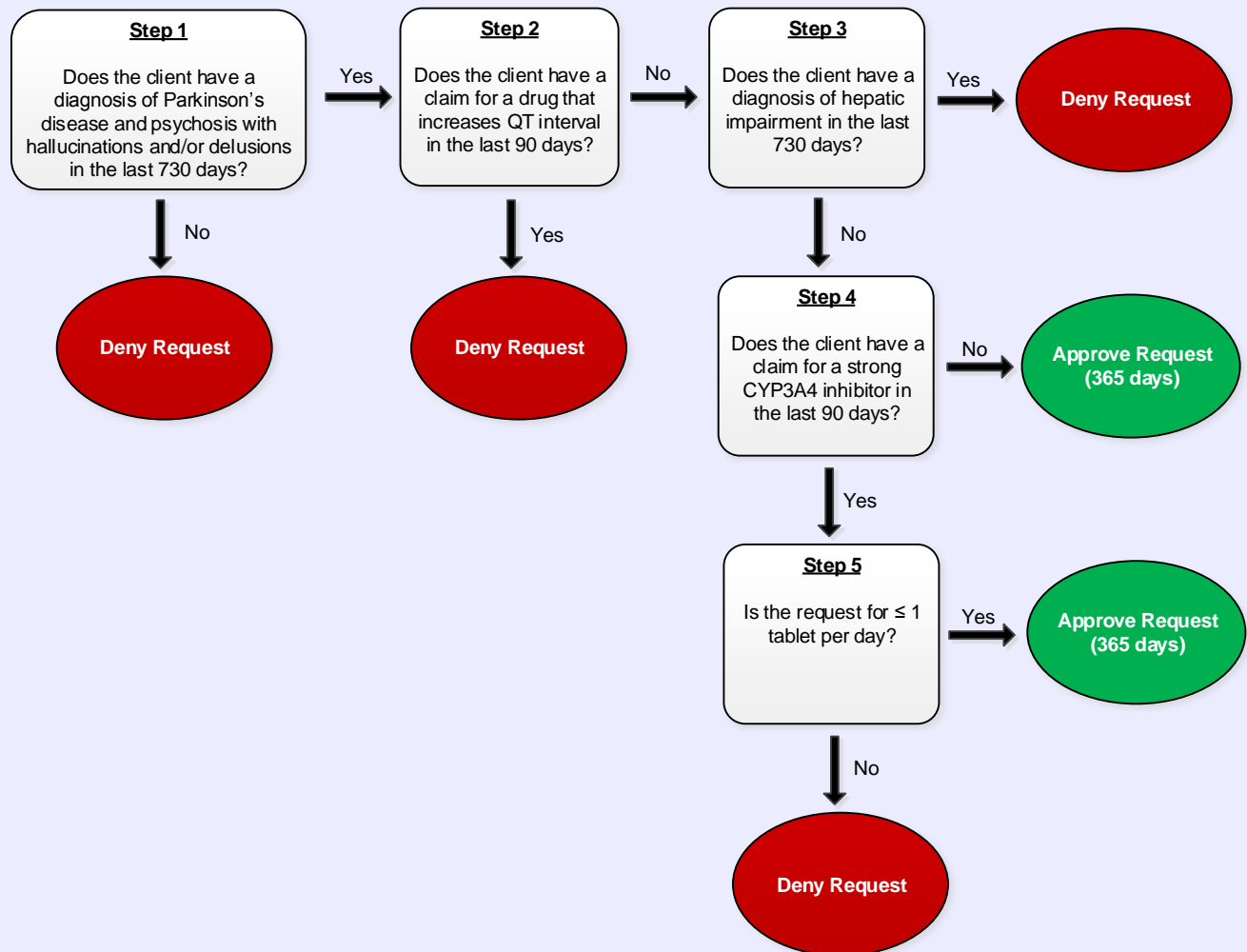
Clinical Criteria Logic

1. Does the client have a **diagnosis of Parkinson's disease** and **psychosis with hallucinations and/or delusions** in the last 730 days?
 Yes (Go to #2)
 No (Deny)
2. Does the client have a claim for a **drug that increases the QT interval** in the last 90 days?
 Yes (Deny)
 No (Go to #3)
3. Does the client have a **diagnosis of hepatic impairment** in the last 730 days?
 Yes (Deny)
 No (Go to #4)
4. Does the client have a claim for a **strong CYP3A4 inhibitor** in the last 90 days?
 Yes (Go to #5)
 No (Approve - 365 days)
5. Is the request for less than or equal to (\leq) 1 tablet per day?
 Yes (Approve - 365 days)
 No (Deny)



Nuplazid (pimavanserin)

Clinical Criteria Logic Diagram





Nuplazid (pimavanserin)

Clinical Criteria Supporting Tables

Step 1a (diagnosis of Parkinson's disease) Required diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
G20	PARKINSON'S DISEASE

Step 1b (diagnosis of psychosis with hallucinations and/or delusions) Required diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
F060	PSYCHOTIC DISORDER WITH HALLUCINATIONS DUE TO KNOWN PHYSIOLOGICAL CONDITION
F062	PSYCHOTIC DISORDER WITH DELUSIONS DUE TO KNOWN PHYSIOLOGICAL CONDITION
R443	HALLUCINATIONS, UNSPECIFIED

Step 2 (claim for a drug which prolongs the QT interval) Required claims: 1 Look back timeframe: 90 days	
Label Name	GCN
ABILIFY 1 MG/ML SOLUTION	24062
ABILIFY 10 MG TABLET	18537
ABILIFY 15 MG TABLET	18538
ABILIFY 2 MG TABLET	26305
ABILIFY 20 MG TABLET	18539
ABILIFY 30 MG TABLET	18541
ABILIFY 5 MG TABLET	20173
ABILIFY DISCMELT 10 MG TABLET	26445
ABILIFY DISCMELT 15 MG TABLET	26448
ABILIFY MAINTENA ER 300MG SYR	37681
ABILIFY MAINTENA ER 300MG VL	34284
ABILIFY MAINTENA ER 400MG SYR	37682
ABILIFY MAINTENA ER 400MG VL	34285
AGRYLIN 0.5 MG CAPSULE	22391

Step 2 (claim for a drug which prolongs the QT interval)	
Required claims: 1	
Look back timeframe: 90 days	
Label Name	GCN
ALFUZOSIN HCL ER 10 MG TABLET	92024
AMIODARONE HCL 100 MG TABLET	10921
AMIODARONE HCL 200 MG TABLET	10920
AMIODARONE HCL 400 MG TABLET	12465
AMITRIPTYLINE HCL 10 MG TAB	16512
AMITRIPTYLINE HCL 100 MG TAB	16513
AMITRIPTYLINE HCL 150 MG TAB	16514
AMITRIPTYLINE HCL 25 MG TAB	16515
AMITRIPTYLINE HCL 50 MG TAB	16516
AMITRIPTYLINE HCL 75 MG TAB	16517
AMRIX ER 15 MG CAPSULE	97959
AMRIX ER 30 MG CAPSULE	97960
ANAFRANIL 25 MG CAPSULE	16602
ANAFRANIL 50 MG CAPSULE	16603
ANAFRANIL 75 MG CAPSULE	16604
ANAGRELIDE HCL 0.5 MG CAPSULE	22391
ANAGRELIDE HCL 1 MG CAPSULE	22392
ANZEMET 100 MG TABLET	33533
ANZEMET 50 MG TABLET	33532
ARICEPT 10 MG TABLET	04300
ARICEPT 23 MG TABLET	28828
ARICEPT 5 MG TABLET	04302
ARIPIPRAZOLE 10MG TABLET	18537
ARIPIPRAZOLE 15MG TABLET	18538
ARIPIPRAZOLE 1MG/ML SOLUTION	24062
ARIPIPRAZOLE 20MG TABLET	18539
ARIPIPRAZOLE 2MG TABLET	26305
ARIPIPRAZOLE 30MG TABLET	18541
ARIPIPRAZOLE 5MG TABLET	20173
ARIPIPRAZOLE ODT 10MG TABLET	26445
ARIPIPRAZOLE ODT 15MG TABLET	26448
ARISTADA ER 441MG/1.6ML SYRINGE	39726
ARISTADA ER 441MG/1.6ML SYRINGE	39726
ARISTADA ER 662MG/2.4ML SYRINGE	39727
ARISTADA ER 882MG/3.2ML SYRINGE	39728
ATRIPLA TABLET	27346
AVELOX 400 MG TABLET	50767
AZITHROMYCIN 1 GM PWD PACKET	48790

Step 2 (claim for a drug which prolongs the QT interval)	
Required claims: 1	
Look back timeframe: 90 days	
Label Name	GCN
AZITHROMYCIN 100 MG/5 ML SUSP	48792
AZITHROMYCIN 200 MG/5 ML SUSP	61199
AZITHROMYCIN 250 MG TABLET	48793
AZITHROMYCIN 500 MG TABLET	61198
AZITHROMYCIN 600 MG TABLET	48794
AZITHROMYCIN I.V. 500 MG VIAL	48795
BETAPACE 120 MG TABLET	39516
BETAPACE 160 MG TABLET	39511
BETAPACE 80 MG TABLET	39512
BIAXIN 250 MG TABLET	48852
BIAXIN 250 MG/5 ML SUSPENSION	11671
BIAXIN 500 MG TABLET	48851
BRISDELLE 7.5MG CAPSULE	34876
CAPRELSA 100 MG TABLET	29817
CAPRELSA 300 MG TABLET	29818
CELEXA 20MG TABLET	13130
CHLORDIAZEPO-AMITRIPTYL 5-12.5	16683
CHLORDIAZEPOX-AMITRIPTYL 10-25	16684
CHLOROQUINE PH 250 MG TABLET	42890
CHLOROQUINE PH 500 MG TABLET	42891
CHLORPROMAZINE 10 MG TABLET	14431
CHLORPROMAZINE 100 MG TABLET	14434
CHLORPROMAZINE 100MG/ML CONC	14390
CHLORPROMAZINE 200 MG TABLET	14435
CHLORPROMAZINE 25 MG TABLET	14432
CHLORPROMAZINE 30MG/ML CONC	14391
CHLORPROMAZINE 50 MG TABLET	14433
CIPRO 10% SUSPENSION	47057
CIPRO 250MG TABLET	47050
CIPRO 5% SUSPENSION	47056
CIPRO 500MG TABLET	47051
CIPROFLOXACIN 200MG/20ML VIAL	23076
CIPROFLOXACIN 250MG/5ML SUSP	47056
CIPROFLOXACIN 400MG/40ML VIAL	23075
CIPROFLOXACIN 500MG/5ML SUSP	47057
CIPROFLOXACIN ER 1000MG TAB	20315
CIPROFLOXACIN ER 500MG TAB	18898
CIPROFLOXACIN HCL 100MG TABLET	47053

Step 2 (claim for a drug which prolongs the QT interval)	
Required claims: 1	
Look back timeframe: 90 days	
Label Name	GCN
CIPROFLOXACIN HCL 250MG TAB	47050
CIPROFLOXACIN HCL 500MG TAB	47051
CIPROFLOXACIN HCL 750MG TAB	47052
CIPROFLOXACIN-D5W 200MG/100ML	52121
CIPROFLOXACIN-D5W 400MG/200ML	52122
CITALOPRAM 10MG TABLET	16345
CITALOPRAM 10MG/5ML SOLUTION	16344
CITALOPRAM 20MG TABLET	16342
CITALOPRAM 20MG/10ML SOLUTION	34671
CITALOPRAM 40MG TABLET	16343
CLARITHROMYCIN 125 MG/5 ML SUS	11670
CLARITHROMYCIN 250 MG TABLET	48852
CLARITHROMYCIN 250 MG/5 ML SUS	11671
CLARITHROMYCIN 500 MG TABLET	48851
CLARITHROMYCIN ER 500 MG TAB	48850
CLOMIPRAMINE 25 MG CAPSULE	16602
CLOMIPRAMINE 50 MG CAPSULE	16603
CLOMIPRAMINE 75 MG CAPSULE	16604
CLOZAPINE 100 MG TABLET	18142
CLOZAPINE 12.5MG TABLET	20334
CLOZAPINE 200 MG TABLET	31672
CLOZAPINE 25 MG TABLET	18141
CLOZAPINE 50 MG TABLET	18143
CLOZAPINE ODT 100MG TABLET	21785
CLOZAPINE ODT 12.5MG TABLET	98791
CLOZAPINE ODT 25MG TABLET	21784
CLOZARIL 100 MG TABLET	18142
CLOZARIL 25 MG TABLET	18141
CORDARONE 200 MG TABLET	10920
CYCLOBENZAPRINE 10 MG TABLET	18020
CYCLOBENZAPRINE 5 MG TABLET	12805
CYCLOBENZAPRINE 7.5 MG TABLET	98299
DESIPRAMINE 10 MG TABLET	16583
DESIPRAMINE 100 MG TABLET	16584
DESIPRAMINE 150 MG TABLET	16585
DESIPRAMINE 25 MG TABLET	16586
DESIPRAMINE 50 MG TABLET	16587
DESIPRAMINE 75 MG TABLET	16588

Step 2 (claim for a drug which prolongs the QT interval)	
Required claims: 1	
Look back timeframe: 90 days	
Label Name	GCN
DETROL 1 MG TABLET	37061
DETROL 2 MG TABLET	37062
DETROL LA 2 MG CAPSULE	12264
DETROL LA 4 MG CAPSULE	12263
DIFLUCAN 10 MG/ML SUSPENSION	60822
DIFLUCAN 100 MG TABLET	42190
DIFLUCAN 150 MG TABLET	42193
DIFLUCAN 200 MG TABLET	42191
DIFLUCAN 40 MG/ML SUSPENSION	60821
DIFLUCAN 50 MG TABLET	42192
DOFETILIDE 125 MCG CAPSULE	92287
DOFETILIDE 250MCG CAPSULE	92297
DOFETILIDE 500MCG CAPSULE	92307
DOLOPHINE HCL 10 MG TABLET	16420
DONEPEZIL HCL 10 MG TABLET	04300
DONEPEZIL HCL 23 MG TABLET	28828
DONEPEZIL HCL 5 MG TABLET	04302
DONEPEZIL HCL ODT 10 MG TABLET	24595
DONEPEZIL HCL ODT 5 MG TABLET	24594
DOXEPIN 10 MG CAPSULE	16563
DOXEPIN 10 MG/ML ORAL CONC	16571
DOXEPIN 100 MG CAPSULE	16564
DOXEPIN 150 MG CAPSULE	16565
DOXEPIN 25 MG CAPSULE	16566
DOXEPIN 50 MG CAPSULE	16567
DOXEPIN 75 MG CAPSULE	16568
DUEXIS 800-26.6 MG TABLET	30547
E.E.S. 200 MG/5 ML GRANULES	40523
E.E.S. 400 FILMTAB	40560
EFFEXOR XR 150MG CAPSULE	16818
EFFEXOR XR 37.5MG CAPSULE	16816
EFFEXOR XR 75MG CAPSULE	16817
ENVARISUS XR 0.75 MG TABLET	39120
ENVARISUS XR 1 MG TABLET	39123
ENVARISUS XR 4 MG TABLET	39124
ERYPED 200 MG/5 ML SUSPENSION	40523
ERYPED 400 MG/5 ML SUSPENSION	40524
ERY-TAB EC 250 MG TABLET	40730

Step 2 (claim for a drug which prolongs the QT interval)	
Required claims: 1	
Look back timeframe: 90 days	
Label Name	GCN
ERY-TAB EC 333 MG TABLET	40731
ERY-TAB EC 500 MG TABLET	40732
ERYTHROCIN 250 MG FILMTAB	40642
ERYTHROCIN 500 MG ADDVNT VL	25529
ERYTHROCIN 500 MG VIAL	40601
ERYTHROMYCIN 250 MG FILMTAB	40720
ERYTHROMYCIN 500 MG FILMTAB	40721
ERYTHROMYCIN EC 250 MG CAP	40660
ERYTHROMYCIN ES 400 MG TAB	40560
ESCITALOPRAM 10MG TABLET	17851
ESCITALOPRAM 20MG TABLET	17987
ESCITALOPRAM 5MG TABLET	18975
ESCITALOPRAM 5MG/5ML SOLUTION	19035
EVOTAZ 300-150 MG TABLET	37797
FAMOTIDINE 10 MG TABLET	46432
FAMOTIDINE 20 MG TABLET	46430
FAMOTIDINE 40 MG TABLET	46431
FAMOTIDINE 40 MG/5 ML SUSP	45960
FANAPT 1 MG TABLET	28025
FANAPT 10 MG TABLET	28030
FANAPT 12 MG TABLET	28033
FANAPT 2 MG TABLET	28026
FANAPT 4 MG TABLET	28027
FANAPT 6 MG TABLET	28028
FANAPT 8 MG TABLET	28029
FANAPT TITRATION PACK	28034
FAZACLO 100 MG ODT	21785
FAZACLO 12.5 MG ODT	98791
FAZACLO 150 MG ODT	28873
FAZACLO 200 MG ODT	28874
FAZACLO 25 MG ODT	21784
FELBAMATE 400 MG TABLET	38021
FELBAMATE 600 MG TABLET	38022
FELBAMATE 600 MG/5 ML SUSP	38020
FELBATOL 400 MG TABLET	38021
FELBATOL 600 MG TABLET	38022
FELBATOL 600 MG/5 ML SUSP	38020
FEXMID 7.5 MG TABLET	98299

Step 2 (claim for a drug which prolongs the QT interval)	
Required claims: 1	
Look back timeframe: 90 days	
Label Name	GCN
FLAGYL 250 MG TABLET	43031
FLAGYL 375 MG CAPSULE	43035
FLAGYL 500 MG TABLET	43032
FLAGYL ER 750 MG TABLET	43029
FLECAINIDE ACETATE 100 MG TAB	01580
FLECAINIDE ACETATE 150 MG TAB	01582
FLECAINIDE ACETATE 50 MG TAB	01581
FLUCONAZOLE 10 MG/ML SUSP	60822
FLUCONAZOLE 100 MG TABLET	42190
FLUCONAZOLE 150 MG TABLET	42193
FLUCONAZOLE 200 MG TABLET	42191
FLUCONAZOLE 40 MG/ML SUSP	60821
FLUCONAZOLE 50 MG TABLET	42192
FLUCONAZOLE-DEXT 200 MG/100 ML	55590
FLUCONAZOLE-NACL 200 MG/100 ML	69790
FLUCONAZOLE-NACL 400 MG/200 ML	69791
FLUCONAZOLE-NS 200 MG/100 ML	25303
FLUOXETINE 10MG CAPSULE	16353
FLUOXETINE 10MG TABLET	16356
FLUOXETINE 20MG CAPSULE	16354
FLUOXETINE 20MG TABLET	16359
FLUOXETINE 20MG/5ML SOLUTION	16357
FLUOXETINE 40MG CAPSULE	16355
FLUOXETINE 60MG TABLET	30817
FLUOXETINE DR 90MG CAPSULE	12929
GALANTAMINE 4 MG/ML ORAL SOLN	13898
GALANTAMINE ER 16 MG CAPSULE	23606
GALANTAMINE ER 24 MG CAPSULE	23607
GALANTAMINE ER 8 MG CAPSULE	23605
GALANTAMINE HBR 12 MG TABLET	84853
GALANTAMINE HBR 4 MG TABLET	84854
GALANTAMINE HBR 8 MG TABLET	84855
GEODON 20 MG CAPSULE	13331
GEODON 20 MG VIAL	17037
GEODON 40 MG CAPSULE	13332
GEODON 60 MG CAPSULE	13333
GEODON 80 MG CAPSULE	13334
GILENYA 0.5 MG CAPSULE	29073

Step 2 (claim for a drug which prolongs the QT interval)	
Required claims: 1	
Look back timeframe: 90 days	
Label Name	GCN
GRANISETRON HCL 1 MG TABLET	06019
GRANISETRON HCL 1 MG/ML VIAL	99267
GRANISETRON HCL 4 MG/4 ML VIAL	60548
HYDROXYCHLOROQUINE 200 MG TAB	42940
HYDROXYZINE 10 MG/5 ML SYRUP	13932
HYDROXYZINE 25 MG/ML VIAL	13881
HYDROXYZINE HCL 10 MG TABLET	13941
HYDROXYZINE HCL 25 MG TABLET	13943
HYDROXYZINE HCL 50 MG TABLET	13944
HYDROXYZINE PAM 100 MG CAP	13951
HYDROXYZINE PAM 25 MG CAP	13952
HYDROXYZINE PAM 50 MG CAP	13953
INVEGA ER 1.5 MG TABLET	27685
INVEGA ER 3 MG TABLET	97769
INVEGA ER 6 MG TABLET	97770
INVEGA ER 9 MG TABLET	97771
INVEGA SUSTENNA 117 MG PREF SYR	27416
INVEGA SUSTENNA 156 MG PREF SYR	27417
INVEGA SUSTENNA 234 MG PREF SYR	27418
INVEGA SUSTENNA 39 MG PREF SYR	27414
INVEGA SUSTENNA 78 MG PREF SYR	27415
INVEGA TRINZA 273MG/0.875ML	38697
INVEGA TRINZA 410MG/1.315ML	38698
INVEGA TRINZA 546MG/1.75ML	38699
INVEGA TRINZA 819MG/2.625ML	38702
INVIRASE 200MG CAPSULE	26760
INVIRASE 500MG TABLET	23952
ITRACONAZOLE 100 MG CAPSULE	49101
KALETRA 100-25 MG TABLET	99101
KALETRA 200-50 MG TABLET	25919
KALETRA 400-100/5 ML ORAL SOLU	31782
KETEK 300 MG TABLET	25905
KETEK 400 MG TABLET	15175
KETOCONAZOLE 200 MG TABLET	42590
KORLYM 300 MG TABLET	31485
LANSOPRAZOL-AMOXICIL-CLARITHRO	64269
LEUPROLIDE 2WK 1 MG/0.2 ML KIT	84597
LEUPROLIDE 2WK 14 MG/2.8 ML KIT	84597

Step 2 (claim for a drug which prolongs the QT interval)	
Required claims: 1	
Look back timeframe: 90 days	
Label Name	GCN
LEVAQUIN 250 MG TABLET	47073
LEVAQUIN 500 MG TABLET	47074
LEVAQUIN 750 MG TABLET	89597
LEVOFLOXACIN 25 MG/ML SOLUTION	23725
LEVOFLOXACIN 250 MG TABLET	47073
LEVOFLOXACIN 250 MG/50 ML-D5W	47072
LEVOFLOXACIN 500 MG TABLET	47074
LEVOFLOXACIN 500 MG/100 ML-D5W	47075
LEVOFLOXACIN 500 MG/20 ML VIAL	47071
LEVOFLOXACIN 750 MG TABLET	89597
LEVOFLOXACIN 750 MG/150 ML-D5W	89596
LEXAPRO 10MG TABLET	17851
LEXAPRO 20MG TABLET	17987
LEXAPRO 5 MG TABLET	18975
LEXAPRO 5MG/5ML SOLUTION	19035
LUPRON DEPOT 11.25 MG 3MO KIT	84350
LUPRON DEPOT 22.5 MG 3MO KIT	84593
LUPRON DEPOT 3.75 MG KIT	80254
LUPRON DEPOT 45 MG 6MO KIT	30083
LUPRON DEPOT 7.5 MG KIT	29894
LUPRON DEPOT-4MO KIT	84598
LUPRON DEPOT-PED 11.25 KIT	13172
LUPRON DEPOT-PED 11.25 MG 3MO	30357
LUPRON DEPOT-PED 15 MG KIT	13174
LUPRON DEPOT-PED 30 MG 3MO KIT	30356
LUPRON DEPOT-PED 7.5 MG KIT	13173
MEFLOQUINE HCL 250 MG TABLET	42900
METHADONE 10 MG/5 ML SOLUTION	16410
METHADONE 10 MG/ML ORAL CONC	16415
METHADONE 40 MG TABLET DISPR	16423
METHADONE 5 MG/5 ML SOLUTION	16400
METHADONE HCL 10 MG TABLET	16420
METHADONE HCL 5 MG TABLET	16422
METHADOSE 10 MG/ML ORAL CONC	16415
METHADOSE 40 MG TABLET DISPR	16423
METRONIDAZOLE 250 MG TABLET	43031
METRONIDAZOLE 375 MG CAPSULE	43035
METRONIDAZOLE 500 MG TABLET	43032

Step 2 (claim for a drug which prolongs the QT interval)	
Required claims: 1	
Look back timeframe: 90 days	
Label Name	GCN
METRONIDAZOLE 500 MG/100 ML	43025
MOXIFLOXACIN HCL 400 MG TABLET	50767
MULTAQ 400 MG TABLET	26586
NAMZARIC 14-10 MG CAPSULE	38257
NAMZARIC 21-10 MG CAPSULE	42127
NAMZARIC 28-10 MG CAPSULE	38258
NAMZARIC 7-10 MG CAPSULE	42126
NAMZARIC TITRATION PACK	42546
NEXAVAR 200 MG TABLET	26263
NORPRAMIN 10 MG TABLET	16583
NORPRAMIN 25 MG TABLET	16586
NORVIR 100 MG SOFTGEL CAP	26812
NORVIR 100 MG TABLET	28224
NORVIR 80 MG/ML SOLUTION	26810
OFLOXACIN 400 MG TABLET	43693
OLANZAPINE 10 MG TABLET	15082
OLANZAPINE 10 MG VIAL	11814
OLANZAPINE 15 MG TABLET	15085
OLANZAPINE 2.5 MG TABLET	15084
OLANZAPINE 20MG TABLET	15086
OLANZAPINE 5 MG TABLET	15083
OLANZAPINE 7.5 MG TABLET	15081
OLANZAPINE ODT 10 MG TABLET	92008
OLANZAPINE ODT 15 MG TABLET	34022
OLANZAPINE ODT 20MG TABLET	34023
OLANZAPINE ODT 5MG TABLET	92007
OLANZAPINE/FLUOXETINE 12-25 MG	20870
OLANZAPINE/FLUOXETINE 12-50 MG	20872
OLANZAPINE/FLUOXETINE 3-25 MG	98648
OLANZAPINE/FLUOXETINE 6-25 MG	20868
OLANZAPINE/FLUOXETINE 6-50 MG	20869
OLEPTRO ER 150MG TABLET	28715
OLEPTRO ER 300MG TABLET	28719
OMECLAMOX-PAK COMBO PACK	32137
ONDANSETRON 4 MG/5 ML SOLUTION	20040
ONDANSETRON 40 MG/20 ML VIAL	20011
ONDANSETRON HCL 4 MG TABLET	20041
ONDANSETRON HCL 4 MG/2 ML VIAL	97502

Step 2 (claim for a drug which prolongs the QT interval)	
Required claims: 1	
Look back timeframe: 90 days	
Label Name	GCN
ONDANSETRON HCL 8 MG TABLET	20042
ONDANSETRON ODT 4 MG TABLET	20045
ONDANSETRON ODT 8 MG TABLET	20046
ORAP 1 MG TABLET	11153
ORAP 2 MG TABLET	11150
PACERONE 100 MG TABLET	10921
PACERONE 200 MG TABLET	10920
PACERONE 400 MG TABLET	12465
PALIPERIDONE ER 1.5 MG TABLET	27685
PALIPERIDONE ER 3 MG TABLET	97769
PALIPERIDONE ER 6 MG TABLET	97770
PALIPERIDONE ER 9 MG TABLET	97771
PAROXETINE 10MG TABLET	16364
PAROXETINE 10MG/5ML SUSPENSION	16369
PAROXETINE 20MG TABLET	16366
PAROXETINE 30MG TABLET	16367
PAROXETINE 40MG TABLET	16368
PAROXETINE CR 12.5MG TABLET	17078
PAROXETINE CR 25MG TABLET	17077
PAROXETINE CR 37.5MG TABLET	17079
PAXIL 20MG TABLET	33780
PAXIL 30MG TABLET	33781
PCE 333 MG TABLET	40741
PCE 500 MG TABLET	40742
PEPCID 40 MG/5 ML ORAL SUSP	45960
PERPHEN-AMITRIP 2 MG-10 MG TAB	16674
PERPHEN-AMITRIP 2 MG-25 MG TAB	16676
PERPHEN-AMITRIP 4 MG-10 MG TAB	16675
PERPHEN-AMITRIP 4 MG-25 MG TAB	16677
PERPHEN-AMITRIP 4 MG-50 MG TAB	16678
PERPHENAZINE 16 MG TABLET	14650
PERPHENAZINE 2 MG TABLET	14651
PERPHENAZINE 4 MG TABLET	14652
PERPHENAZINE 8 MG TABLET	14653
PEXEVA 10MG TABLET	20854
PEXEVA 20MG TABLET	20855
PEXEVA 30MG TABLET	20856
PEXEVA 40MG TABLET	20857

Step 2 (claim for a drug which prolongs the QT interval)	
Required claims: 1	
Look back timeframe: 90 days	
Label Name	GCN
PHENADOZ 25 MG SUPP	15001
PHENERGAN 25 MG/ML VIAL	14981
PIMOZIDE 1 MG TABLET	11153
PIMOZIDE 2 MG TABLET	11150
PLAQUENIL 200 MG TAB	42940
PREVPAC PATIENT PACK	64269
PROCHLORPERAZINE 10 MG TAB	14771
PROCHLORPERAZINE 25 MG SUPP	14761
PROCHLORPERAZINE 5 MG TABLET	14773
PROGRAF 0.5 MG CAPSULE	28495
PROGRAF 1 MG CAPSULE	28491
PROGRAF 5 MG CAPSULE	28492
PROMETHAZINE 12.5 MG TABLET	15042
PROMETHAZINE 12.5MG SUPP	15003
PROMETHAZINE 25 MG SUPP	15001
PROMETHAZINE 25 MG TABLET	15043
PROMETHAZINE 25 MG/ML AMPUL	14970
PROMETHAZINE 25 MG/ML VIAL	14981
PROMETHAZINE 50 MG SUPP	15002
PROMETHAZINE 50 MG TABLET	15044
PROMETHAZINE 50 MG/ML AMPUL	14971
PROMETHAZINE 50 MG/ML VIAL	14983
PROMETHAZINE 6.25 MG/5 ML SYR	15035
PROMETHAZINE VC SYRUP	13977
PROMETHAZINE VC-CODEINE SYRUP	13978
PROMETHAZINE-CODEINE SYRUP	13971
PROMETHAZINE-DM SYRUP	13975
PROMETHEGAN 12.5 MG SUPP	15003
PROMETHEGAN 25 MG SUPP	15001
PROMETHEGAN 50 MG SUPP	15002
PROPAFENONE HCL 150 MG TABLET	12431
PROPAFENONE HCL 225 MG TAB	12433
PROPAFENONE HCL 300 MG TAB	12432
PROPAFENONE HCL ER 225 MG CAP	21056
PROPAFENONE HCL ER 325 MG CAP	21058
PROPAFENONE HCL ER 425 MG CAP	21059
PROTRIPTYLINE HCL 10 MG TABLET	16555
PROTRIPTYLINE HCL 5 MG TABLET	16556

Step 2 (claim for a drug which prolongs the QT interval)	
Required claims: 1	
Look back timeframe: 90 days	
Label Name	GCN
PROZAC 10MG PULVULE	47251
PROZAC 20MG PULVULE	47250
PROZAC 20MG/5ML SOLUTION	48551
PYLERA CAPSULE	982238
QUETIAPINE 100 MG TABLET	67662
QUETIAPINE 200 MG TABLET	67663
QUETIAPINE 25 MG TABLET	67661
QUETIAPINE 300 MG TABLET	67665
QUETIAPINE 400 MG TABLET	26411
QUETIAPINE 50 MG TABLET	26409
QUINIDINE GLUC ER 324 MG TABLET	01011
QUINIDINE SULFATE 200 MG TABLET	01053
QUINIDINE SULFATE 300 MG TABLET	01055
QUININE SULFATE 324 MG CAPSULE	25092
RANEXA ER 1,000 MG TABLET	98733
RANEXA ER 500 MG TABLET	26459
RAZADYNE 12 MG TABLET	84853
RAZADYNE 4 MG TABLET	84854
RAZADYNE 8 MG TABLET	84855
RAZADYNE ER 16 MG CAPSULE	23606
RAZADYNE ER 24 MG CAPSULE	23607
RAZADYNE ER 8 MG CAPSULE	23605
REYATAZ 150 MG CAPSULE	19952
REYATAZ 200 MG CAPSULE	19953
REYATAZ 300 MG CAPSULE	97430
REYATAZ 50 MG POWDER PACKET	36647
RISPERDAL 0.25 MG TABLET	92872
RISPERDAL 0.5 MG TABLET	92892
RISPERDAL 1 MG TABLET	16136
RISPERDAL 1 MG/ML SOLUTION	16135
RISPERDAL 2 MG TABLET	16137
RISPERDAL 3 MG TABLET	16138
RISPERDAL 4 MG TABLET	16139
RISPERDAL CONSTA 12.5 MG SYR	98414
RISPERDAL CONSTA 25 MG SYR	20217
RISPERDAL CONSTA 37.5 MG SYR	20218
RISPERDAL CONSTA 50 MG SYR	20219
RISPERDAL M-TAB 0.5 MG ODT	19541

Step 2 (claim for a drug which prolongs the QT interval)	
Required claims: 1	
Look back timeframe: 90 days	
Label Name	GCN
RISPERDAL M-TAB 1 MG ODT	19178
RISPERDAL M-TAB 2 MG ODT	19179
RISPERDAL M-TAB 3 MG ODT	25024
RISPERDAL M-TAB 4 MG ODT	25025
RISPERIDONE 0.25 MG ODT	24448
RISPERIDONE 0.25 MG TABLET	92872
RISPERIDONE 0.5 MG ODT	19541
RISPERIDONE 0.5 MG TABLET	92892
RISPERIDONE 1 MG ODT	19178
RISPERIDONE 1 MG TABLET	16136
RISPERIDONE 1 MG/ML SOLUTION	16135
RISPERIDONE 2 MG ODT	19179
RISPERIDONE 2 MG TABLET	16137
RISPERIDONE 3 MG ODT	25024
RISPERIDONE 3 MG TABLET	16138
RISPERIDONE 4 MG ODT	25025
RISPERIDONE 4 MG TABLET	16139
SANCUSO 3.1 MG/24 HR PATCH	14348
SAPHRIS 10 MG TAB SUBLINGUAL	27528
SAPHRIS 2.5 MG TABLET SUBLINGUAL	38479
SAPHRIS 5 MG TABLET SUBLINGUAL	21636
SEROQUEL 100 MG TABLET	67662
SEROQUEL 200 MG TABLET	67663
SEROQUEL 25 MG TABLET	67661
SEROQUEL 300 MG TABLET	67665
SEROQUEL 400 MG TABLET	26411
SEROQUEL 50 MG TABLET	26409
SEROQUEL XR 150 MG TABLET	16193
SEROQUEL XR 200 MG TABLET	98522
SEROQUEL XR 300 MG TABLET	98523
SEROQUEL XR 400 MG TABLET	98524
SEROQUEL XR 50 MG TABLET	98994
SOLTAMOX 10 MG/5 ML SOLN	50377
SORINE 120 MG TABLET	39516
SORINE 160 MG TABLET	39511
SORINE 240 MG TABLET	39513
SORINE 80 MG TABLET	39512
SOTALOL 120 MG TABLET	39516

Step 2 (claim for a drug which prolongs the QT interval)	
Required claims: 1	
Look back timeframe: 90 days	
Label Name	GCN
SOTALOL 160 MG TABLET	39511
SOTALOL 240 MG TABLET	39513
SOTALOL 80 MG TABLET	39512
SPORANOX 10 MG/ML SOLUTION	49100
SPORANOX 100 MG CAPSULE	49101
SPRYCEL 100 MG TABLET	99867
SPRYCEL 140MG TABLET	29406
SPRYCEL 20 MG TABLET	27257
SPRYCEL 50 MG TABLET	27258
SPRYCEL 70 MG TABLET	27259
SPRYCEL 80 MG TABLET	29405
SUSTIVA 200MG CAPSULE	43303
SUSTIVA 50MG CAPSULE	43301
SUSTIVA 600MG TABLET	15555
SUTENT 12.5 MG CAPSULE	26452
SUTENT 25 MG CAPSULE	26453
SUTENT 37.5 MG CAPSULE	35596
SUTENT 50 MG CAPSULE	26454
SYMBYAX 12-25 MG CAPSULE	20870
SYMBYAX 12-50 MG CAPSULE	20872
SYMBYAX 3-25 MG CAPSULE	98648
SYMBYAX 6-25 MG CAPSULE	20868
SYMBYAX 6-50 MG CAPSULE	20869
TACROLIMUS 0.5 MG CAPSULE	28495
TACROLIMUS 1 MG CAPSULE	28491
TACROLIMUS 5 MG CAPSULE	28492
TAMOXIFEN 10 MG TABLET	38720
TAMOXIFEN 20 MG TABLET	38721
TASIGNA 150 MG CAPSULE	28737
TASIGNA 200 MG CAPSULE	99070
TECHNIVIE DOSE PACK	37844
THIORIDAZINE 10 MG TABLET	14882
THIORIDAZINE 100 MG TABLET	14883
THIORIDAZINE 25 MG TABLET	14880
THIORIDAZINE 50 MG TABLET	14881
TIKOSYN 125 MCG CAPSULE	92287
TIKOSYN 250 MCG CAPSULE	92297
TIKOSYN 500 MCG CAPSULE	92307

Step 2 (claim for a drug which prolongs the QT interval)	
Required claims: 1	
Look back timeframe: 90 days	
Label Name	GCN
TIZANIDINE HCL 2 MG CAPSULE	24433
TIZANIDINE HCL 2 MG TABLET	14690
TIZANIDINE HCL 4 MG CAPSULE	24434
TIZANIDINE HCL 4 MG TABLET	14693
TIZANIDINE HCL 6 MG CAPSULE	24435
TOLTERODINE TART ER 2 MG CAP	12264
TOLTERODINE TART ER 4 MG CAP	12263
TOLTERODINE TARTRATE 1 MG TAB	37061
TOLTERODINE TARTRATE 2 MG TAB	37062
TRAZODONE 100MG TABLET	16392
TRAZODONE 100MG TABLET	15400
TRAZODONE 150MG TABLET	16393
TRAZODONE 150MG TABLET	15402
TRAZODONE 300MG TABLET	16394
TRAZODONE 50MG TABLET	16391
TRAZODONE 50MG TABLET	15401
TRIMIPRAMINE MALEATE 100 MG CAP	16592
TRIMIPRAMINE MALEATE 25 MG CAP	16593
TRIMIPRAMINE MALEATE 50 MG CAP	16594
TYKERB 250 MG TABLET	98140
VENLAFAXINE 100MG TABLET	16815
VENLAFAXINE 25MG TABLET	16811
VENLAFAXINE 37.5MG TABLET	16812
VENLAFAXINE 50MG TABLET	16813
VENLAFAXINE 75MG TABLET	16814
VENLAFAXINE ER 150MG CAPSULE	16818
VENLAFAXINE ER 150MG TABLET	14353
VENLAFAXINE ER 225MG TABLET	14354
VENLAFAXINE ER 37.5MG CAPSULE	16816
VENLAFAXINE ER 37.5MG TABLET	14349
VENLAFAXINE ER 75MG CAPSULE	16817
VENLAFAXINE ER 75MG TABLET	14352
VESICARE 10 MG TABLET	23276
VESICARE 5 MG TABLET	23276
VFEND 200 MG TABLET	17498
VFEND 40 MG/ML SUSPENSION	21513
VFEND 50 MG TABLET	17497
VFEND IV 200 MG VIAL	17499

Step 2 (claim for a drug which prolongs the QT interval)	
Required claims: 1	
Look back timeframe: 90 days	
Label Name	GCN
VIEKIRA PAK	37614
VIEKIRA XR TABLET	41932
VIRACEPT 250 MG TABLET	40312
VIRACEPT 625 MG TABLET	19717
VISTARIL 25 MG CAPSULE	13952
VISTARIL 50 MG CAPSULE	13953
VORICONAZOLE 200 MG TABLET	17498
VORICONAZOLE 200 MG VIAL	17499
VORICONAZOLE 40 MG/ML SUSP	21513
VORICONAZOLE 50 MG TABLET	17497
VOTRIENT 200 MG TABLET	27829
XALKORI 200 MG CAPSULE	30458
XALKORI 250 MG CAPSULE	30457
ZANAFLEX 2 MG CAPSULE	24433
ZANAFLEX 4 MG CAPSULE	24434
ZANAFLEX 4MG TABLET	14693
ZANAFLEX 6 MG CAPSULE	24435
ZELBORAF 240 MG TABLET	30332
ZIPRASIDONE 20 MG CAPSULE	13331
ZIPRASIDONE 40 MG CAPSULE	13332
ZIPRASIDONE 60 MG CAPSULE	13333
ZIPRASIDONE 80 MG CAPSULE	13334
ZITHROMAX 1 GM POWDER PACKET	48790
ZITHROMAX 100 MG/5 ML SUSP	48792
ZITHROMAX 200 MG/5 ML SUSP	61199
ZITHROMAX 250 MG TABLET	48793
ZITHROMAX 500 MG TABLET	61198
ZITHROMAX 600 MG TABLET	48794
ZITHROMAX I.V. 500 MG VIAL	48795
ZMAX 2 G/60 ML ORAL SUSPENSION	24866
ZOFRAN 2 MG/ML VIAL	20011
ZOFRAN 4 MG TABLET	20041
ZOFRAN 4 MG/5 ML ORAL SOLN	20040
ZOFRAN 8 MG TABLET	20042
ZOFRAN ODT 4 MG TABLET	20045
ZOFRAN ODT 8 MG TABLET	20046
ZYPREXA 10 MG TABLET	15082
ZYPREXA 10 MG VIAL	17407

Step 2 (claim for a drug which prolongs the QT interval)	
Required claims: 1	
Look back timeframe: 90 days	
Label Name	GCN
ZYPREXA 15 MG TABLET	15085
ZYPREXA 2.5 MG TABLET	15084
ZYPREXA 20 MG TABLET	15086
ZYPREXA 5 MG TABLET	15083
ZYPREXA 7.5 MG TABLET	15081
ZYPREXA RELPREVV 210 MG VIAL	27855
ZYPREXA RELPREVV 300 MG VIAL	27849
ZYPREXA RELPREVV 405 MG VIAL	27848
ZYPREXA ZYDIS 10 MG TABLET	92008
ZYPREXA ZYDIS 15 MG TABLET	34022
ZYPREXA ZYDIS 20 MG TABLET	34023
ZYPREXA ZYDIS 5 MG TABLET	92007

Step 3 (diagnosis of hepatic impairment)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
B160	ACUTE HEPATITIS B WITH DELTA-AGENT WITH HEPATIC COMA
B161	ACUTE HEPATITIS B WITH DELTA-AGENT WITHOUT HEPATIC COMA
B162	ACUTE HEPATITIS B WITHOUT DELTA-AGENT WITH HEPATIC COMA
B169	ACUTE HEPATITIS B WITHOUT DELTA-AGENT AND WITHOUT HEPATIC COMA
B170	ACUTE DELTA-(SUPER) INFECTION OF HEPATITIS B CARRIER
B1710	ACUTE HEPATITIS C WITHOUT HEPATIC COMA
B1711	ACUTE HEPATITIS C WITH HEPATIC COMA
B172	ACUTE HEPATITIS E
B178	OTHER SPECIFIED ACUTE VIRAL HEPATITIS
B179	ACUTE VIRAL HEPATITIS, UNSPECIFIED
B180	CHRONIC VIRAL HEPATITIS B WITH DELTA-AGENT
B181	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT
B182	CHRONIC VIRAL HEPATITIS C
B188	OTHER CHRONIC VIRAL HEPATITIS
B189	CHRONIC VIRAL HEPATITIS, UNSPECIFIED
B190	UNSPECIFIED VIRAL HEPATITIS WITH HEPATIC COMA
B1910	UNSPECIFIED VIRAL HEPATITIS B WITHOUT HEPATIC COMA
B1911	UNSPECIFIED VIRAL HEPATITIS B WITH HEPATIC COMA

Step 3 (diagnosis of hepatic impairment)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
B1920	UNSPECIFIED VIRAL HEPATITIS C WITHOUT HEPATIC COMA
B1921	UNSPECIFIED VIRAL HEPATITIS C WITH HEPATIC COMA
B199	UNSPECIFIED VIRAL HEPATITIS WITHOUT HEPATIC COMA
K700	ALCOHOLIC FATTY LIVER
K7010	ALCOHOLIC HEPATITIS WITHOUT ASCITES
K7011	ALCOHOLIC HEPATITIS WITH ASCITES
K702	ALCOHOLIC FIBROSIS AND SCLEROSIS OF LIVER
K7030	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES
K7031	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES
K7040	ALCOHOLIC HEPATIC FAILURE WITHOUT COMA
K7041	ALCOHOLIC HEPATIC FAILURE WITH COMA
K709	ALCOHOLIC LIVER DISEASE, UNSPECIFIED
K7200	ACUTE AND SUBACUTE HEPATIC FAILURE WITHOUT COMA
K7201	ACUTE AND SUBACUTE HEPATIC FAILURE WITH COMA
K7210	CHRONIC HEPATIC FAILURE WITHOUT COMA
K7211	CHRONIC HEPATIC FAILURE WITH COMA
K7290	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA
K7291	HEPATIC FAILURE, UNSPECIFIED WITH COMA
K730	CHRONIC PERSISTENT HEPATITIS, NOT ELSEWHERE CLASSIFIED
K731	CHRONIC LOBULAR HEPATITIS, NOT ELSEWHERE CLASSIFIED
K732	CHRONIC ACTIVE HEPATITIS, NOT ELSEWHERE CLASSIFIED
K738	OTHER CHRONIC HEPATITIS, NOT ELSEWHERE CLASSIFIED
K739	CHRONIC HEPATITIS, UNSPECIFIED
K740	HEPATIC FIBROSIS
K741	HEPATIC SCLEROSIS
K742	HEPATIC FIBROSIS WITH HEPATIC SCLEROSIS
K743	PRIMARY BILIARY CIRRHOSIS
K744	SECONDARY BILIARY CIRRHOSIS
K745	BILIARY CIRRHOSIS, UNSPECIFIED
K7460	UNSPECIFIED CIRRHOSIS OF LIVER
K7469	OTHER CIRRHOSIS OF LIVER
K761	CHRONIC PASSIVE CONGESTION OF LIVER
K763	INFARCTION OF LIVER
K7689	OTHER SPECIFIED DISEASES OF LIVER
K769	LIVER DISEASE, UNSPECIFIED
K77	LIVER DISORDERS IN DISEASES CLASSIFIED ELSEWHERE

Step 4 (claim for a strong CYP3A4 inhibitor)	
Required claims: 1	
Look back timeframe: 90 days	
Label Name	GCN
BIAXIN 250 MG TABLET	48852
BIAXIN 250 MG/5 ML SUSPENSION	11671
BIAXIN 500 MG TABLET	48851
CARDIZEM 120 MG TABLET	02363
CARDIZEM 30 MG TABLET	02360
CARDIZEM 60 MG TABLET	02361
CARDIZEM CD 120 MG CAPSULE	02326
CARDIZEM CD 180 MG CAPSULE	02323
CARDIZEM CD 240 MG CAPSULE	02324
CARDIZEM CD 300 MG CAPSULE	02325
CARDIZEM CD 360 MG CAPSULE	07460
CARDIZEM LA 120 MG TABLET	19180
CARDIZEM LA 180 MG TABLET	19183
CARDIZEM LA 360 MG TABLET	19186
CARDIZEM LA 420 MG TABLET	19187
CARTIA XT 120MG CAPSULE	02326
CARTIA XT 180MG CAPSULE	02323
CARTIA XT 240MG CAPSULE	02324
CARTIA XT 300MG CAPSULE	02325
CLARITHROMYCIN 125 MG/5 ML SUS	11670
CLARITHROMYCIN 250 MG TABLET	48852
CLARITHROMYCIN 250 MG/5 ML SUS	11671
CLARITHROMYCIN 500 MG TABLET	48851
CLARITHROMYCIN ER 500 MG TAB	48850
CRIXIVAN 200 MG CAPSULE	26820
CRIXIVAN 400 MG CAPSULE	26822
DILTIAZEM 120 MG TABLET	02363
DILTIAZEM 12HR ER 120 MG CAP	02321
DILTIAZEM 12HR ER 60 MG CAP	02322
DILTIAZEM 12HR ER 90 MG CAP	02320
DILTIAZEM 24HR ER 120 MG CAP	02326
DILTIAZEM 24HR ER 180 MG CAP	02323
DILTIAZEM 24HR ER 240 MG CAP	02324
DILTIAZEM 24HR ER 300 MG CAP	02325
DILTIAZEM 24HR ER 360 MG CAP	07460
DILTIAZEM 30 MG TABLET	02360
DILTIAZEM 60 MG TABLET	02361

Step 4 (claim for a strong CYP3A4 inhibitor)	
Required claims: 1	
Look back timeframe: 90 days	
Label Name	GCN
DILTIAZEM 90 MG TABLET	02362
DILTIAZEM ER 120 MG CAPSULE	02330
DILTIAZEM ER 120 MG CAPSULE	07463
DILTIAZEM ER 180 MG CAPSULE	02329
DILTIAZEM ER 180 MG CAPSULE	07461
DILTIAZEM ER 240 MG CAPSULE	07462
DILTIAZEM HCL ER 240 MG CAP	02332
DILTIAZEM HCL ER 300 MG CAP	02333
DILTIAZEM HCL ER 360 MG CAP	02328
DILTIAZEM HCL ER 420 MG CAP	94691
EVOTAZ 300-150MG TABLET	37797
GENVOYA TABLET	40092
INVIRASE 200 MG CAPSULE	26760
INVIRASE 500 MG TABLET	23952
ITRACONAZOLE 100 MG CAPSULE	49101
KALETRA 100-25 MG TABLET	99101
KALETRA 200-50 MG TABLET	25919
KALETRA 400-100/5 ML ORAL SOLU	31782
KETEK 300 MG TABLET	25905
KETEK 400 MG TABLET	15175
KETOCONAZOLE 200 MG TABLET	42590
LANSOPRAZOL-AMOXICIL-CLARITHRO	64269
MATZIM LA 180MG TABLET	19183
MATZIM LA 240MG TABLET	19184
MATZIM LA 300MG TABLET	19185
MATZIM LA 360MG TABLET	19186
MATZIM LA 420MG TABLET	19187
NEFAZODONE 100MG TABLET	16406
NEFAZODONE 150MG TABLET	16407
NEFAZODONE 200MG TABLET	16408
NEFAZODONE 250MG TABLET	16409
NEFAZODONE 50MG TABLET	16404
NORVIR 100 MG SOFTGEL CAP	26812
NORVIR 100 MG TABLET	28224
NORVIR 80 MG/ML SOLUTION	26810
NOXAFIL 40 MG/ML SUSPENSION	26502
NOXAFIL DR 100 MG TABLET	35649
OMECLAMOX-PAK COMBO PACK	32137

Step 4 (claim for a strong CYP3A4 inhibitor)	
Required claims: 1	
Look back timeframe: 90 days	
Label Name	GCN
PREVPAC PATIENT PACK	64269
PREZCOBIX 800-150MG TABLET	37367
SPORANOX 10 MG/ML SOLUTION	49100
SPORANOX 100 MG CAPSULE	49101
STRIBILD TABLET	33130
TAZTIA XT 120MG CAPSULE	02330
TAZTIA XT 180MG CAPSULE	02329
TAZTIA XT 240MG CAPSULE	02332
TAZTIA XT 300MG CAPSULE	02333
TAZTIA XT 360MG CAPSULE	02328
TECHNIVIE DOSE PACK	37844
TIAZAC ER 120MG CAPSULE	02330
TIAZAC ER 180MG CAPSULE	02329
TIAZAC ER 240MG CAPSULE	02332
TIAZAC ER 300MG CAPSULE	02333
TIAZAC ER 360MG CAPSULE	02328
TIAZAC ER 420MG CAPSULE	94961
TYBOST 150MG TABLET	36468
VFEND 200 MG TABLET	17498
VFEND 40 MG/ML SUSPENSION	21513
VFEND 50 MG TABLET	17497
VFEND IV 200 MG VIAL	17499
VICTRELIS 200 MG CAPSULE	29941
VIEKIRA PAK	37614
VIEKIRA XR TABLET	41932
VIRACEPT 250 MG TABLET	40312
VIRACEPT 625 MG TABLET	19717
VORICONAZOLE 200 MG TABLET	17498
VORICONAZOLE 200 MG VIAL	17499
VORICONAZOLE 40 MG/ML SUSP	21513
VORICONAZOLE 50 MG TABLET	17497
ZYDELIG 100MG TABLET	36884
ZYDELIG 150MG TABLET	36885

**Nuplazid (pimavanserin)****Clinical Criteria References**

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Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
07/28/2017	Initial publication and presentation to the DUR Board
11/27/2018	<ul style="list-style-type: none">• Added GCNs for 34mg capsule and 10mg table to 'Drugs Requiring PA', page 2• Removed ICD-9 codes• Updated references, page 28
03/29/2019	<ul style="list-style-type: none">• Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each 'Drug Requiring PA' table